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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted OR Declaration Submitted after Initial With Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PU030308
First Named Inventor	Jeffrey Allen Cooper et al.
COMPLETE IF KNOWN	
Application Number	/
Filing Date	HEREWITH
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Technique For Film Grain Simulation Using A Database Of Film Grain Patterns

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	
60/527,895	December 5, 2003	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 4]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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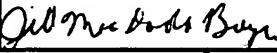
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/>	OR	<input checked="" type="checkbox"/> Correspondence address below
Name	JOSEPH S. TRIPOLI				
Address	THOMSON MULTIMEDIA LICENSING INC.				
Address	P.O/ Box 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA	Telephone	(609) 734 - 9444	Fax	(609) 734 - 9700
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Jeffrey Allen	Family Name	Cooper		
Inventor's Signature				Date	12/13/04
Residence: City	Rocky Hill	State	New Jersey	Country	Citizenship
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Mailing Address 11 Tot Lane					
Mailing Address					
-City	Rocky Hill	State	New Jersey	ZIP	Country
				08540	USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Jill MacDonald	Family Name	Boyce		
Inventor's Signature				Date	12/11/04
Residence: City	Manalapan	State	New Jersey	Country	Citizenship
				USA	
Mailing Address 3 Brandywine Court					
Mailing Address					
City	Manalapan	State	New Jersey	ZIP	Country
				08540	USA

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION
**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4**

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname		
ALEXANDROS MICHAEL		TOURAPIS		
Inventor's Signature				Date 12/25/04
Residence: City	West Windsor	State	NJ	Country USA
Mailing Address	20212 Heather Drive			
Mailing Address				
City	West Windsor	State	NJ	ZIP 08540 Country USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname		
Cristina Gomila		Gomila		
Inventor's Signature				Date 12/03/04
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Mailing Address	20212 Heather Drive			
Mailing Address				
City	West Windsor	State	NJ	Zip 08540 Country USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Joan Llach		Llach		
Inventor's Signature				Date 12/03/04
Residence: City	Princeton	State	NJ	08540 Citizenship ES
Mailing Address	25C Chestnut Court			
City	Princeton	State	NJ	Zip 08540 Country USA

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
ALEXANDROS MICHAEL		TOURAPIS		
Inventor's Signature		Date		
Residence: City	West Windsor	State	NJ	Country USA
Citizenship		GR		
Mailing Address 20212 Heather Drive				
Mailing Address				
City	West Windsor	State	NJ	ZIP 08540 Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Cristina		Gomila		
Inventor's Signature	<i>Cristina Gomila</i>			Date 12/03/04
Residence: City	West Windsor	State	NJ	ZIP 08540 Country USA
Citizenship		ES		
Mailing Address 20212 Heather Drive				
Mailing Address				
City	West Windsor	State	NJ	Zip 08540 Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Joan		Llach		
Inventor's Signature	<i>Joan Llach</i>			Date 12/03/04
Residence: City	Princeton	State	NJ	Country 08540 Zip 08540 Citizenship ES
Mailing Address 25C Chestnut Court				
City	Princeton	State	NJ	Zip 08540 Country USA

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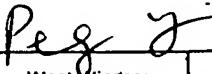
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DECLARATION
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
PENG		YIN		
Inventor's Signature			12/01/2004 Date	
Residence: City	West Windsor	State	NJ	Country
USA				
Citizenship	CN			
Mailing Address	65 Warwick Road			
Mailing Address				
City	West Windsor	State	NJ	ZIP
		08540		Country
		USA		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City	State	Citizenship		
Mailing Address				
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